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Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee Paid (\$)  100 =			Complete if Known						
First Named Inventor Takashi AKETA Examiner Name J. R. Fischer  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1,060.00 Attorney Docket No. 0171-1087PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please (dentify):  Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, If For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Gee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIG FILING, SEARCH, AND EXAMINATION FEES FILING FEES SMall Entity Fee (\$) Fee (\$	Fees pursuant to the C			.R. 4818).	Application Num	nber 1	0/829,154-Co	nf. #5733	
FIGH Name Inventor Takashi AKETA Examiner Name J. R. Fischer  Applicant claims small entity status. See 37 CFR 1.27  Art Unit 1791  TOTAL AMOUNT OF PAYMENT (5) 1,060.00 Attorney Docket No. 0171-1087PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order Nome Other (please identify):  X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name, Birch, Stewart, Kolasch & Birch, 1 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge fee(s) indicated below, except for the filing of the control of	FFF	TRANSM	IATTIN		Filing Date	Α	pril 22, 2004		
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 1,060.00  Attorney Docket No. 0171-1087PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):    Check Credit Card Money Order None Other (please identify):					First Named Inventor T		Takashi AKETA		
METHOD OF PAYMENT (check all that apply)	FOR FY 2008				Examiner Name		J. R. Fischer		
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1791		
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, 1   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   X   Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   FEE CALCULATION	TOTAL AMOUNT OF	00	Attorney Docket	No. 0	171-1087PUS1				
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check	Credit Card	Money Order	None	Other (	please identify	):		
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Filing FEES   Small Entity   Fee (\$)   Fee (			, una 1.17						
Application Type	1. BASIC FILING, S	EARCH, AND EX	AMINATION FE	ES					
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Utility	Application Type	Fee (\$)		Fee (\$)		Fee (\$)		Fees Pa	id (\$)
Plant					-	210	105		
Plant	Design	210	105	100	50	130	65		
Reissue	_	210	105	310	155	160	80		
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Each claim over 20 (including Reissues)  Each independent claims  Fee (\$) Fee  Each dippendent claims  Eath a Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)	_	210	105	0	0	0	0		
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Huttiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets of fraction and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee (\$)  Fee Paid (\$)  Fee Pai		FEES		_	_	-	-		mall E
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  -100 =								—	Fee (
Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1808 Processing fee, except in provisional applications 130.00 1251 Extension for response within first month 120.00			•					50	2
Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee	Each independent cl	laim over 3 (includ	ling Reissues)					210	10
HP = highest number of total claims paid for, if greater than 20.    Indep. Claims	Multiple dependent	claims						370	18
HP = highest number of total claims paid for, if greater than 20.   Indep. Claims	Total Claims	Extra Claims	Fee (\$)	Fee Pa	iid (\$)	<u>Mu</u>	<u>Itiple Depende</u>	nt Claims	
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	Signature	Jen V. De	#18 50	0/ 1		28,977	Telephone	(703) 205	8000
	Name (Print/Type)	araid M. Muraha			- wanteyingeny	-	Date CCD	• •	_

